Provider Advisory Group Meeting
May 28, 2013 7-8:30a

Name	Organization
Steve Fox	BCBSMA
Michael Lee	Atrius Health
Norma Lopez	WellCrest
Daniel O'Neil	Steward Health Care
Mike O'Reilly	Steward Health Care
David Smith	MA Hospital Association
Support Staff	Massachusetts eHealth Collaborative
Micky Tripathi	Massachusetts eHealth Collaborative
Mark Belanger	Massachusetts eHealth Collaborative
Erich Schatzlein	Massachusetts eHealth Collaborative

Review of Materials and Discussion

Project Updates

- Mass HIway Phase 2 Timeline Update (Slide 2)
    - The group reviewed the Phase 2 timeline. See slide for full timeline updates. Major milestones include: CMS has approved the IAPD, and Public Health interfaces are either live or in testing.
- Current Status Update (Slide 3)
    - Organizations have been connected previously in a technical manner, but very few transactions were crossing the Mass HIway. Currently, transaction volume is growing substantially and should further increase with the start of the MeHI HIway Implementation Grant Program.Hundreds of thousands for transactions have crossed the HIway in the past month, including large volumes of transactions from Tufts, Network Health, MAeHC, and BIDMC.
        - In May alone the HIway has transacted: 500K+ discharge/ED summaries and HL7 labs from Tufts Medical Center to Network Health
        - 40K+ CCDs from BIDMC to MAeHC Quality Data Center
        - 400+ HL7s from BIDMC to DPH Immunization Registry

HIway Implementation Grant Updates (Slide 4)

- The goal of the implementation grant program was to build awareness of the HIway. This goal has been accomplished, and will continue to succeed with the implementation grant process. The HIway will be able to showcase the value of the services and produce cases studies for organizations to follow.

- Question: Have the HIway Implementation Grant recipients been announced?
  - Answer: We have not seen any formal announcement from MeHI yet.

Phase 1 Consent

- Consent for Phase 1 Services (Slide 6)
  - The group was reminded that Phase 1 is limited to the "pushing" of data. The sender determines what content sent, and when the content is sent. Phase 1 is essentially secure email. No repository of demographic information or clinical data.
  - The group discussed the determination that Phase 1 services should be offered as discrete services. Organizations may choose only Phase 1 services, even after Phase 2 is available. Therefore, the HIway will need to treat Phase 1 consent up front and keep separate from Phase 2, despite the temptation to address in one bundle.
  - The complexity and differences in Phase 1 consent approach became apparent at May HIT Council meeting. Tufts Medical Center explained how they began to implement Phase 1 consent, and BIDMC noted a different approach that was a very small tweak to existing policy and their Notice of Privacy Practice (NPP).
  - The question for discussion remains if the HIway can set a standard for Phase 1 consent? If so, organizations can choose to add on top of the minimum requirement.
  - Chapter 224 requires that patient has ability to "opt-in" and "opt-out" of HIE, however the law is unclear in many aspects. See slide for details.
- Implementing Phase 1 Consent (Slide 7)
  - Please see details on slide.
  - Many organizations are already "opting-in" patients through consent to treat document, which includes an opt-in for information sharing. Treatment within that organization cannot happen unless the patient consents. Forms do not distinguish the mode of sharing information (i.e. only phone, but not fax)
  - Comment: Many people are confused about opt-in and opt-out. A suggestion is made to have the HIway legal team prepare some examples for clarification.
  - The group was asked if most organizations have consent to treat document.
    - Response: Some organizations have both consent to treat and consent to share documents.
  - Question: Please explain the NPP acronym used in the slides.
    - Answer: NPP stands for Notice of Privacy Practices. Acknowledgement of NPP is determined by HIPAA, and used to notify the patient of TPO and how information is shared. Many providers and patients think that the NPP is a consent (because it requires a signature), but the NPP serves only as a notification that information can be shared (not a consent).
  - Organizations will be required to update NPPs by September 2013 due to the HIPAA Omnibus rule. Since organizations must update their NPP anyway, this may be an opportunity to build in phase 1 consent information.

- A proposed operational approach for Phase 1 consent was reviewed. See slide for details.
  - Question: Do you have to get patient signatures?
    - Answer: Just on a going forward basis
  - Comment: Some practices have a patient sign the NPP annually, and some say "as long as you are being treated at the practice" that the NPP is valid.
  - Comment: Consent to treat includes data sharing. Are you suggesting to include specific HIway wording in the data sharing portion, or to create a secondary opt-in form specifically for the HIway?
    - Answer: It does not appear to be a requirement to have a separate consent just for data sharing on the HIway. The determination needs to be made as to where the HIway would specifically be named for information sharing. Some organizations may look to the NPP, and some may look at the Consent to Treat document.
  - Comment: A helpful approach would be to provide examples for organizations, rather than having a large group try to standardize the approach.
    - Comment: Agree that EOHHS should come up with examples, but it would still be helpful to have a larger group to standardize the approach. The value of bringing people together to lay a foundation for a common understanding, and then let the organizations branch from that point would be best.

HISP-to-HISP Exchange

- HISP Definition (Slide 6)
  - The group reviewed the definition of a Health Information Services Provider (HISP) for "table setting" purposes
    - The term HISP has no meaning outside of the Direct project, and no meaning beyond Directed exchange. It was a construct created as part of the Direct project, and is not an industry standard.
    - No separate formalized certification of HISPs is required. Certifications cover EHRs, not HISPs.
  - The group reviewed what a HISP does and the three components a HISP provides. See slides for details.
- Breakdown in the HISP model (Slide 11). The group briefly reviewed the details of the slide.
- The original HIway HISP concept (Slide 12). The group briefly reviewed the slide diagram illustrating the original HIway HISP concept.
- Need for HISP to HISP policies (slide 13)
  - The original planning did not anticipate that the HIway would need to worry about other HISPs in the near term.

    - The group reviewed the original HISP concepts, and discussed how the proliferation of HISP contracts and models have lead to the need for additional policy, contact, and technical complexity considerations for HIway integration.
    - Question: What are the issues with organizations joining HISPs?
        - Answer: This will be addressed on slide 14
- Need to define policy and technical approaches to variety of HISP models that exist in the market (Slide 14)
    - The group reviewed the potential options for participants, vendors, and HISPs to integrate with the HIway.
    - The connections involve HIway participants that connect directly with the HIway, and also demonstrates the variety of ways that organizations may connect through separate HISPs.
    - Organizations potentially connecting to the HIway through other HISPs will bring a variety of additional policy decisions in Phase 2 planning.
    - Question: Do any laws or regulation currently exist requiring vendors to conform to state HIEs?
        - Answer: No such rules or regulations exist at this time. ONC has made sure there are not requirements in place for conforming to state HIEs. This was likely done to allow the HISP market to unfold on its own.
    - Comment: There may be an opportunity to have state licensing tied to HIway participation (similar to the requirement of achieving Meaningful Use for state medical license renewal).
        - Comment: That type of requirement would ensure many (or all) organizations participate in the HIway, but would create an issue with how to charge the fees associated with the HIway if participation were mandatory.
        - Comment: Vendors are using this type of approach right now, requiring participation in the EHR HISP, and charging for transactions.
- Many types of organizations that HIway needs to consider (Slide 15).
    - The group reviewed the details of the different categories for how organizations may choose to connect to the HIway. The chart demonstrates the fact that each organization will be an individual negotiation, even when organizations seem similar.
- Key areas to address in policy, contract, and technical requirements (Slide 16). The group briefly reviewed the slide content.
- Is Direct Trust the answer? (Slide 17). The group briefly reviewed the details and explanation of Direct Trust.
- What Direct Trust does not answer (Slide 18)
    - There are still many issues with the Direct Trust approach. The group reviewed some of the main issues presented in the materials.

Question to the Provider Advisory Group from Micky Tripathi: How should the HIway think about "trust" with other HISPs, as it relates to all the end users within a HISP? This question is in regard to secure email only, not phase 2 services. How do you (the HIway) feel about trusting all the end users

through Cerner (for example) as a HISP? Would you propose that trust would make a HIway participant able to look-up any user in the directory, and send information?

- Comment: Many physicians will feel differently.
- Comment: Most providers won't care. Many different methods of communication are out there now, that there won't be much additional thought for a new method. It would be beneficial to receive a receipt for each transaction that includes the recipient information. Currently, faxing does not provide this type of receipt. Although faxing can produce a receipt, it doesn't confirm who actually received the transmission.
- Comment: The difficulty may be determining who is not "playing by the rules" with this type of trust method. Also, determining responsibility for who will handle situations when somebody is not playing by the rules.

Next steps

- Key points and comments synthesized and provided back to Advisory Group for final comments
- Presentation materials and notes to be posted to EOHHS website
- Next Provider Advisory Group Meeting – June 18, 2013, 7-8:30am. Conference line only: (866) 792-5314, Code: 7814347906#
- Next HIT Council – June 3, 2013, 3:30-5:00 One Ashburton Place, 21st Floor